MARIPOSA COUNTY
BOARD OF SUPERVISORS
AGENDA ACTION FORM
HUMAN SERVICES DEPARTMENT
BY: TOM ARCHER
PHONE: 966-2131

DATE: 5/7/96
AGENDA ITEM NO. CA- 4

RECOMMENDED ACTION AND JUSTIFICATION: (POLICY ITEM: YES___ NO:x__)

Adopt resolution approving and authorizing the Chair and the Mental Health Director to sign Fiscal Year 1995-96 Mental Health Service Contracts with KingsView Corporation for the County Child Abuse Prevention Program (AB 1733) and the American Indian Community Mental Health Program.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

The Board of Supervisors has approved contracting with KingsView for Mental Health services for the past 25 years in a beneficial arrangement permitting the County to provide these State/Federal funded programs in the most efficient, effective manner for the County. The Board approved extending the KingsView Mental Health contract on February 21, 1995 by Res. No. 95-92. These two contracts are for services developed by KingsView and funded through State/Federal grants. All contract services are being provided in a satisfactory manner. These contracts were delayed this year as we awaited final allocation information and then because KingsView was in the process of implementing a new data management system causing a delay in our process. The contract amount is 100% State/Federal funded with no County match required.

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

1. Develop and operate a mental health program staffed by County employees.
2. Attempt to locate a different contract services provider and negotiate contract.

COSTS: ( ) Not Applicable

A. Budgeted current FY $134,871
B. Total anticipated costs $134,871
C. Required Add'l funding $______
D. Source: State & Fed.

SPECIAL INSTRUCTIONS:

List the attachments and number pages accordingly:

Child Abuse contract Pages 1-8, incl. ins.
American Indian contract Pages 1-16, incl. ins.

SOURCE: ( ) 4/5ths vote required

A. Internal transfers $______
B. Unanticipated revenues $______
C. Reserve for contingency $______
D. Description: ________________________

Balance in Reserve for Contingencies, if approved: $______
CLERK’S USE ONLY:
Resolution No.: 96-205
Ordinance No.: ____________
Vote - Ayes: ___ Noes: ___
   Absent: ___ Abstain: ___
   Approved ( ) Denied ( ) Minute Order Attached

The foregoing instrument is a correct copy of the original on file in this office.

Date: ______________________

ATTEST: MARGIE WILLIAMS
Clerk of the Board of Supervisors
County of Mariposa, State of CA
By: ______________________
Deputy Clerk of the Board

ADMINISTRATIVE OFFICER’S RECOMMENDATION:
This item on agenda as:

✓ Recommended
☐ Not Recommended
☐ Policy Determination
☐ Submitted w/Comment
☐ Returned for further action

Comment: ______________________

________________________
A.O. Initials